

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
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TOTAL IND.	09						TOTAL IND.			
TOTAL DEP.	240						TOTAL DEP.	512		
TOTAL CLAIMS	249						TOTAL CLAIMS			